

| FINANCIAL AFFIDAVIT | | | |
|---|----------------------|--|-----------------|
| IN THE CASE OF | IN UNITED STATES | <input checked="" type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below) | LOCATION NUMBER |
| <u>US</u> | v.s. <u>Santiago</u> | FOR _____ | |
| | | AT _____ | |
| PERSON REPRESENTED (Show your full name) | | <input checked="" type="checkbox"/> Defendant—Adult <input type="checkbox"/> Defendant - Juvenile <input type="checkbox"/> Appellant <input type="checkbox"/> Probation Violator <input type="checkbox"/> Parole Violator <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> 2255 Petitioner <input type="checkbox"/> Material Witness <input type="checkbox"/> Other | |
| PERSON REPRESENTED (Show your full name) <u>Julio Santiago</u> | | DOCKET NUMBERS | |
| | | Magistrate <u>04-500</u> | |
| | | District Court | |
| | | Court of Appeals | |
| CHARGE/OFFENSE (describe if applicable & check box →) | | | |
| | | <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor | |

| | | | |
|--------|--------------|--|--|
| ASSETS | EMPLOYMENT | Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed <u>CAR MECHANIC</u> Name and address of employer: <u>SELF EMPLOYED</u> IF YES, how much do you earn per month? \$ <u>1,000.00</u> IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____ | |
| | | If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____ | |
| | OTHER INCOME | Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED _____ SOURCES _____ IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____ | |
| | CASH | Have you any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ <u>NO</u> | |
| | PROP-ERTY | Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT | |
| | | VALUE | DESCRIPTION |
| | | <u>700</u> | <u>MINIVAN DODGE CARAVAN</u> |
| | | <u>2,000</u> | <u>2 YR OLD 1994 MERCEDES 189 6 MONTHS OLD</u> |

| | | | | |
|---------------------|--|--|-------------------------------------|--|
| OBLIGATIONS & DEBTS | DEPENDENTS | MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED | Total No. of Dependents <u>2</u> | List persons you actually support and your relationship to them <u>JULIO ANGES SANTIAGO 19 SON</u> <u>FRANCESCA A SANTIAGO 17 DAUGHTER</u> |
| | DEBTS & MONTHLY BILLS | APARTMENT OR HOME | Creditors | Total Debt |
| | (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.) | RENT | LEDMINSTER HOSPITAL MA | \$ 2,000.00 |
| | | | | Monthly Pay |
| | | | | \$ 775.00 |

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Julio Santiago 10-28-004